




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT USE OF CLIENT INFORMATION FOR PUBLICATION	POLICY NO. 300.07	EFFECTIVE DATE 03/09/2015	PAGE 1 of 2
APPROVED BY:  Director	SUPERSEDES 100.07 03/09/2015	ORIGINAL ISSUE DATE 03/09/2015	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To establish a policy and procedure for approving, under certain limited circumstances, publication of client information that may meet the Los Angeles County Department of Mental Health (LACDMH) Protected Health Information (PHI) de-identification standards.

DEFINITIONS

- 2.1 **De-Identification of PHI:** The process of removing elements of PHI so that the resultant client information or health information provides no reasonable basis for identifying a client per LACDMH Policy No. 500.04, De-Identification of Protected Health Information and Use of Limited Data Sets ([Reference 1](#)).
- 2.2 **Protected Health Information (PHI):** The individually identifiable information relating to the past, present, or future physical or mental health or condition of an individual, provision of health care to an individual, or payment for health care provided to an individual.
- 2.3 **Publication:** The dissemination of information in a manner in which it becomes publically available.
- 2.4 **Use:** With respect to individually identifiable health information, the sharing, utilization, examination, or analysis of such information that identifies or reasonably can be used to identify a client within LACDMH.

POLICY

- 3.1 PHI that meets or does not meet LACDMH de-identification standards ([Reference 1](#)) and/or does or does not have prior client authorization per approved LACDMH procedures can only be published as:
- 3.1.1 Part of a LACDMH approved research project ([References 2 and 3](#));
or



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- 3.1.2 Part of a LACDMH approved research project, or used for learning in a specified component of healthcare operations per LACDMH Policy No. 502.01, Privacy Practices Notice (Reference 4).
- 3.2 When LACDMH is made aware of activity or practice of employees or others that constitutes a material breach or violation of policy, LACDMH will take reasonable steps to cure the breach or end the violation as applicable, including, but not limited to, taking appropriate legal or administrative action according to LACDMH Policy No. 506.01, Mitigation of Harm (Reference 6), LACDMH Policy No. 506.02, Privacy Sanctions (Reference 7), and LACDMH Policy No. 506.03, Responding to Breach of Protected Health Information (Reference 8).

AUTHORITY

1. Code of Federal Regulations 45, Parts 160 and 164, Section 164.514(a) (c) (e): "Other Requirements Relating to Uses and Disclosures of Protected Health Information"
2. Code of Federal Regulations 45, Parts 160 and 164, Section 164.502(d): "Uses and Disclosures of Protected Health Information: General Rules – Uses and Disclosures of De-Identified Protected Health Information"

REFERENCES

1. LACDMH Policy No. 500.04, De-Identification of Protected Health Information and Use of Limited Data Sets
2. LACDMH Policy No. 1400.01, Mental Health Research Review
3. LACDMH Policy No. 500.05, Use and Disclosure of Protected Health Information for Research
4. LACDMH Policy No. 502.01, Privacy Practices Notice
5. California Welfare and Institutions Code, Section 5328
6. LACDMH Policy No. 506.01, Mitigation of Harm
7. LACDMH Policy No. 506.02, Privacy Sanctions
8. LACDMH Policy No. 506.03, Responding to Breach of Protected Health Information

RESPONSIBLE PARTY

LACDMH Office of the Medical Director